

he/she will direct the occupier accordingly, who shall not employ the said worker in the same process. However, the worker so taken away be provided with alternate placement unless he is in the opinion of the **Medical officer** fully incapacitated in which case the worker affected shall be suitable rehabilitated.

- (iv) A **Medical officer** on his own motion or on a reference from an Inspector-cum-Facilitator may conduct medical examination of a worker to ascertain the suitability of his employment in a hazardous process or for ascertaining his health status. The opinion of the **Medical officer** in such a case shall be final. The fee required for the medical examination shall be paid by the occupier.
- (v) The worker taken away from employment in any process under clause (ii) above may be employed again in the same process only after obtaining the Fitness Certificate from the **Medical officer** and after making entries to that effect in the Health Register.
- (vi) The worker required to undergo medical examination under these rules and for any medical survey conducted by or on behalf of the Central or the State Government shall not refuse to undergo such medical examination.

(2) **Occupational Health Centres —**

In respect of any factory carrying on “hazardous process” there shall be provided and maintained in good order an Occupational Health Centre with the services and facilities as per scale laid down hereunder —

- (a) for factories employing up to 50 workers —
 - (i) the services of a Factory Medical Officer on retainer-ship basis, in his clinic to be notified by the occupier. He/she will carry out the pre-employment and periodical medical examination and render medical assistance during any emergency;
 - (ii) a minimum of 5 persons trained in first aid procedures amount whom at least one shall always be available during the working period;
 - (iii) a fully equipped first-aid box;
- (b) **for factories employing 51 to 200 workers —**
 - (i) an Occupational Health Centre having a room with a minimum floor area of 15 sq.m. with floors and walls made of smooth and impervious surface and with adequate illumination and ventilation as well as equipment as per the **Schedule VIII** annexed to this rule;

- (ii) a part-time Factory Medical Officer shall be in overall charge of the Centre who shall visit the factory at least twice in a week and whose services shall be readily available during medical emergencies;
 - (iii) one qualified and trained dresser-cum-compounder on duty throughout the working period;
 - (iv) a fully equipped first aid box in all the departments.
- (c) **for factories employing above 200 workers —**
- (i) one full-time Factory Medical Officer for factories employing upto 500 workers and one more Factory Medical Officer for every additional 1000 workers or part thereof;
 - (ii) An Occupational Health Centre having at least 2 rooms each with a minimum floor area of 15 sq.m with floors and walls made of smooth and impervious surface and adequate illuminations and ventilation as well as equipment as per the **Schedule VIII** annexed to this rule;
 - (iii) there shall be one nurse, one dresser-cum-compounder and one sweeper- cum-ward boy throughout the working period;
 - (iv) the Occupational Health Centre shall be suitable equipped to manage medical emergencies.
- (3) The Factory Medical Officer required to be appointed under sub-rule (2) above, shall have qualifications included in **Schedules** to the Indian Medical Degrees Act of 1916 or in the Schedules to the Indian Medical Council Act, 1956 and possess a Certificate of Training in Industrial Health of Minimum three months duration recognised by the State Government:
- Provided that —
- (i) a person possessing a Diploma in Industrial Health or equivalent shall not be required to possess the certificate of training as aforesaid;
 - (ii) the Chief Inspector-cum-Facilitator may, subject to such conditions as he/she may specify, grant, exemption from the requirement of this sub-rule, if in his opinion a suitable person possessing the necessary qualification is not available for appointment;
 - (iii) in case of a person who has been working as a Factory Medical Officer for a period of not less than 3 years on the date of commencement of this rule, the Chief Inspector-cum-Facilitator may subject to the condition that said person shall obtain the aforesaid certificate of training within a period of three years, relax the qualification.

- (4) The syllabus of the course leading the above certificate, and the organisations conducting the course shall be approved by the Directorate General of Factory Advice Service and Labour Institute or the State Government in accordance with the guidelines issued by the Directorate General of Factory Advice Service and Labour Institute.
- (5) Within one month of the appointment of a Factory Medical Officer, the occupier of the factory shall furnish to the Chief Inspector-cum-Facilitator the following particulars :-
 - (a) Name and address of the Factory Medical Officer;
 - (b) Qualifications;
 - (c) Experience, if any and ;
 - (d) The sub-rule under which appointed.

Issue of
guidelines
under
section 85

64. For the purpose of Compliance with the requirements of sub-sections (1), (4) and (7) of section 84 or section 85 of the Code the Chief Inspector-cum-Facilitator may, if deemed necessary, issue guidelines from time to time to the occupier of factories carrying on 'hazardous process'. Such guidelines may be based on National Standards, Codes of Practices or recommendations of International Bodies such as International Labour Organisation (ILO) and World Health Organisation (WHO).

Measures or
standards under
sub-section (1)
of section 86

65. Measures and standards prescribed for the health, safety and working conditions declared by the Central government under section 18 and section 23 of the Code shall be the prescribed measures and standards for the health and safety of the workers employed in the factory or the general public.

Permissible
limits of
chemicals and
toxic substances
under sub-
section (1) of
section 88

66. The maximum permissible threshold limits of exposure of chemical and toxic substances in manufacturing processes (whether hazardous or otherwise) in any factory shall be of the value indicated in the **Schedule IX**.

Appeal against
the order of
Inspector-cum-
Facilitator
under
section 90

67. The manager or occupier of the factory may make appeal against the order of an Inspector-cum-Facilitator to the Chief Inspector-cum-Facilitator stating the reasons for with-holding such order. The Chief Inspector-cum-Facilitator shall give an opportunity to the occupier or manager of being heard and pass an order to the representation within 30 days of the receipt of the appeal. An occupier aggrieved by an order of the Chief Inspector may prefer an appeal before the State Govt. within a period of 30 days of receipt of such order from the Chief Inspector-cum-Facilitator. The State Government shall give an opportunity to the occupier of being heard and pass an order. The order of the State Government shall be final.

Holding of supervisory or management of post under sub-section (1) of section 91

68. The following persons shall be deemed to hold positions of supervision of management —
- (1) all persons specified in the **Schedule X** annexed hereto;
 - (2) any other person who, in the opinion of the Chief Inspector-cum-Facilitator, holds a position of supervision or management.

Chapter XIII

Provisions for Plantations

Facilities for workers in plantation under clause (a), (b) and (c) of sub-section (1) of section 92

69. (1) Every employer of a Plantation registered under the Code shall ensure and make available all Central or the State Government schemes to provide housing accommodation, including drinking water and toilet, cheche facilities and education facilities to their workers who are entitled to be provided with the aforementioned facilities under this Code:

Provided that, if the employer fails to facilitate and make available all the aforementioned facilities or any one of the facilities within 6 months from the date of commencement of this rule, he/she shall provide such facility / facilities of same standard from his own resources:

Provided further that no such facility / facilities provided by the employer from his own resources shall be treated as part of wages as defined under section 2 (y) and section 7 of the Code on Wages, 2019.

- (2) The employer shall facilitate holding of Gaon Sabha / meeting by Departments concerned for the purpose on days which is normally a weekly holiday.
- (3) He/she shall provide adequate space within the tea garden for holding meetings, provide details of beneficiaries and any other requirement including issue of NOC for use of land within the tea garden area to execute the schemes within 15 days from the date of requisition made by the departmental authority or as and when asked for.
- (4) Every employer shall constitute a “Garden Labour Welfare Committee (a sub Committee under the Assam Labour Welfare Society)” to be notified by the State Government.
- (5) The Committee shall review and facilitate periodically all welfare schemes implemented in tea garden areas.
- (6) The Committee shall hold its meeting at least twice in every month and upload minutes of the meeting in the portal dedicated for the purpose.
- (7) The term of the Committee shall be for two years.

Health facilities under clause (a) of sub-section 1 of section 92

70. (1) Every employer of a Plantation registered under the Code shall register their workers and employees under the Employees State Insurance Scheme under the Social Security Code, 2020.

- (2) The employer shall provide adequate land within the tea garden for setting up of hospital / dispensary under Employees State Insurance Scheme under the Social Security Code, 2020 or provide space in the existing medical infrastructure available in the tea garden:

Provided that the Employers of tea garden who already have existing medical infrastructure available shall continue to maintain and extend medical treatment to their workers till the time the Employees State Insurance Scheme under the Social Security Code, 2020 is being implemented.

Recreational facilities under clause (e) of sub-section (1) of section 92

71. Every employer shall provide and maintain:-

- (1) Recreation Centre to the scale of one for every one hundred and seventy-five families of resident workers or part thereof with provision for a TV set with cable connection, one Radio and indoor games (Carrom, Chess etc.) for adult and children of workers as specified by the Chief Inspector cum Facilitator of Plantations with prior approval of the State Government subject to there being at least one centre for each Plantation or out garden thereof.
- (2) Where adequate flat open space is available within a reasonable distance, a playground or playgrounds for adult and children of workers with necessary sports equipment for out-door games.
- (3) Every recreation centre to be provided and maintained under this rule shall be conveniently situated as near as possible to the workers residential area.

Prohibition of restricting employment of women and adolescents under sub-section (2) of section 93

72. No person who has not attained 18 years of age and no woman shall be employed or permitted to be employed in using or handling, spraying, storage and transport of insecticides, chemicals and toxic substances in plantations.

Qualification of Supervisor under sub-section (3) of section 93

73. The employer of a tea estate shall appoint at least one person designated as Chemical Supervisor and having minimum qualification of Higher Secondary (pass) with Chemistry as one of the subjects and duly trained in handling, use and storage of insecticides, chemicals and toxic substances with additional qualification on first aid measures to supervise the use of such substances in the plantations.

Safety measures and safe work practices under sub-section (4) of section 93

- 74.
- (1) The employers shall also ensure through repeated periodic instruction for safety measures and safe working practices in works related to use, handling, mixing blending, storage and applying of such substances.
 - (2) There shall be compulsory medical check-up of each such workers engaged for the purposes at an interval of not more than 90 days by a Medical Officer appointed under the Code.

- (3) Any worker showing symptom of poisoning shall be immediately examined and given proper medical treatment.
- (4) The employer shall report immediately to the Medical Officer declared under the Code of any accident caused due to use, handling, mixing, blending, storage and transportation of such substances immediately.
- (5) **First Aid measures-** In all cases of poisoning, first-aid treatment shall always be given before the physician is called. The Indian Standard Guide for handling cases of pesticide poisoning Part 1, First Aid Measures [I.S.4015 (Part II) – 1967] shall be consulted for such first-aid treatment in addition to any other book on the subject. The workers shall also be educated on the effects on poisoning and the first-aid treatment to be given.
- (6) **Provision of change of batch used in spraying-** Workers engaged in spraying work shall be changed and replaced by other batches of workers after they have worked for a period of three months.

periodical
medical
examination of
workers under
sub-section (5)
of section 93

75. Every person who is to be engaged in connection with the works of use, handling, spraying, storage and transport of insecticides, chemicals and toxic substances in a Plantation shall be examined by a qualified medical practitioner as per sub-section (5) of section 93 of the Code before his engagement and within 15 days by a Medical Officer appointed under the Code and such medical examination shall include appropriate tests that is necessary for assessment of his health status be conducted periodically atleast once in a year. Results of such medical examination shall be recorded in **FORM XXV**.

Providing
facilities of
clothing and
equipment
under sub-
section (7) of
section 93

76. The washing, bathing and cloak room facilities shall be provided and maintained in a cleanly state and in good repair for the use of all persons employed in the following manner:-
 - (a) a trough with a smooth impervious surface fitted with a waste pipe with plug, and of sufficient length to allow at least two feet for every ten persons employed at any one time, and having a constant supply of water from taps or jets above the trough at intervals of not more than two feet ; or
 - (b) at least one wash basin for every ten such persons employed at any one time, fitted with a waste pipe and plug and having a constant supply of water together with, in either case, a sufficient supply of nail brushes, soap or other suitable cleansing material and clean towels changed daily ;
 - (c) suitable accommodation for clothing not worn during working hours with adequate arrangements for drying the clothing if wet. The accommodation so provided shall be placed under the charge of a responsible person.
 - (d) No food, drink or eatables including pan, supari or tobacco shall be brought into or consumed by any worker either at the work place or at the washrooms.

- (e) Every worker handling insecticides during transport or application shall be adequately protected with appropriate clothing.
- (f) The protective clothing shall be used wherever necessary in conjunction with appropriate respiratory devices for preventing inhalation of toxic dusts, vapours or gases.
- (g) No worker shall be allowed to dilute chemical solutions to be used for spraying nor allowed to spray without using gauntlets, dust-proof hats, hood, goggles, knee length polythene apron, rubber gloves, rubber boots (gum boots) with socks nose-mask or bleached kerchiefs to cover nose and mouth.
- (h) Lenses of goggles shall be of good quality.
- (i) Rubber or rag-pad shall be used on the back to minimize the jerking of spraying machine.
- (j) Every worker engaged in spraying shall be provided with a bar of washing soap every fortnight.
- (k) The equipment used for spraying as well as protective clothing and other equipment shall be maintained properly and replaced whenever necessary immediately.

Precautionary notices under sub-section (9) section 93

77. Every employer shall exhibit list of permissible concentrations of insecticide, pesticide, chemicals and toxic substances and precautionary notices indicating the hazards of insecticides, chemicals and toxic substances in the vicinity of the work place, electronically as well as printed in the language of the majority of the workers and shall be affixed in a prominent place where it could be easily seen and conveniently read by the workers.

CHAPTER XIV

Offences and Penalties

Manner of holding enquiry under sub-section (1) of section 111

78. The Government of Assam may by notification in the official Gazette appoint any Gazetted Officer not below the rank of Assistant Labour Commissioner / Labour Officers/ Senior Inspector of Factories having jurisdiction for holding enquiry in such manner as may be prescribed by the Central Government under this section.

Form and manner of for appeal under sub-section (3) of section 111

79. (1) The employer aggrieved by the order of Enquiry Officer, may appeal against such order before the appellate officer appointed by the State Government not below the rank of Secretary, Labour Welfare Department for such purpose within sixty days from the date of receipt by him of such order, electronically or otherwise along with fee @ 25% of penalty imposed to be deposited in the official account of the Appellate Authority electronically or otherwise.

- (2) Where the memorandum of appeal is in order, the Appellate Authority shall admit the appeal, acknowledge it and intimate admission of such appeal, and shall register the appeal in electronic form in register of appeals.
- (3) When the appeal has been admitted, the Appellate Authority shall send the notice of the appeal to the Enquiry Officer, against whose order the appeal has been preferred and the Enquiry Officer shall thereupon send the records of the case to the Appellate Authority online electronically or otherwise.
- (4) On receipt of the appeal, the Appellate Authority shall send a notice to the appellant to appear before him on such date and time as may be specified in the notice for the hearing of the appeal electronically or by registered post.
- (5) If on the date fixed for hearing, the appellant does not appear, the Appellate Authority may dismiss the appeal for default of appearance of the appellants by sending the copy of the order to the applicant electronically or otherwise.
- (6) Where an appeal has been dismissed, the appellant may apply electronically to the Appellate Authority for the restoration of the appeal within thirty days from the date of receipt of the order and if the Appellate Authority is satisfied that the appellant was prevented by sufficient cause from appearing, the Appellate Authority shall restore the appeal subject to costs at the discretion of the authority.
- (7) The order of the Appellate Authority shall be communicated electronically or by registered post to the appellant and copy thereof shall be sent to the registering officer against whose order the appeal has been preferred and shall be disposed of within a period of thirty days from the date of receipt of appeal.

Manner of
compounding
under sub-
section (1) of
section 114

80. (1) The officer notified by the State Government for compounding of offence under sub-section (1) of section 114 of the Code shall not be below the rank of Assistant Labour Commissioner in case of other establishments and not below the rank of Addl. Chief Inspector of Factories in case of Factories for the purposes of compounding of offences under sub-section (1) of section 114 of the Code and shall issue electronically or otherwise, a compounding notice for the offences which are compoundable under sub-section (1) of section 114 of the Code.
- (2) The person so noticed may apply to the officer electronically or otherwise and deposit the entire compounding amount by electronic transfer or otherwise, within thirty days of the receipt of the notice.
- (3) The Compounding Officer shall issue a composition certificate within twenty days of receipt of the composition amount, to such person from whom such amount has been received in satisfaction of the composition notice.

- (4) If a person so noticed fails to deposit the composition amount within the one month before the institution of prosecution, the prosecution shall be proceeded with before the Competent Court.
- (5) No prosecution shall be instituted without giving an opportunity to the employer to comply with such provisions subjected to proviso of sub-section (1) of section 110 of the Code and compounding as under section 114 of the Code.

CHAPTER XV

SOCIAL SECURITY FUND

- | | |
|--|---|
| The other sources of fund under sub-section (2) of section 115 | 81. The other sources of fund shall be a fund under sub-section (5) of section 141 of the Code of the Code on Social Security Rules, 2020 (36 of 2020) read with Assam Social Security Rules, 2021. |
| Expenditure of Fund under sub-section (3) of section 115 | 82. The State Government in consultation with Assam Unorganized Workers Social Security Board shall take steps required in regard to the manner of administering the expenditure of the fund. |

CHAPTER XVI

Miscellaneous

- | | |
|---|---|
| The form of application, and fee under sub-section (2) of section 119 | <p>83. (1) If a contractor desirous of obtaining license for—</p> <ol style="list-style-type: none"> (i) supplying or engaging contract labour; or (ii) undertaking or executing the contract works under sub-section (1) or sub-section (2) of section 47 of the Code in more than one districts or for the whole of Assam, then he/she shall apply electronically or otherwise on the official portal of Labour Welfare Department, Government of Assam in Form-XIII to the licensing authority appointed by the Government amongst the officers not below the rank of Labour Commissioner, Government of Assam. (iii) Any person desirous of obtaining license for a factory in the State shall apply electronically or otherwise on the official portal of Labour Welfare Department, Government of Assam in Form-XIII to the Chief Inspector Cum Facilitator for Factories who shall be the Licensing Officer for this Purpose. <p>(2) Application for single license shall be submitted electronically or otherwise to the authority notified in this behalf under sub-section (1) of section 119 of this code.</p> <p>(3) License issued under this rule shall be valid for five years.</p> |
|---|---|

- (4) Copy or copies of the license so issued shall be sent to the district officers of the Labour Welfare Department in whose jurisdiction, the contract work or works for which license is issued, falls.
84. (1) Any person aggrieved by an order passed under sub-section (1) of section 119 of the Code shall prefer an appeal before the Secretary, Labour Welfare Department, Government of Assam.
- (2) The Application for the appeal shall be accompanied with the rejection order of the Registering Authority and fee receipt of Rs. 1000/- to be deposited in the official account of the Appellate Authority.
85. The manner of survey under sub-section (2) of section 121 of the Code shall be conducted in the following manner, namely:-
- (i) Survey to be conducted during working hours.
 - (ii) Information on the subject of survey shall be gathered through interaction/questionnaires from various stakeholders such as workers, management representatives, people residing in the vicinity and others.
 - (iii) Use of tools and technology for Collection of information/data related to the subject of the survey.
 - (iv) Data compilation and reporting via electronic mode.
86. (i) The Building and Other Construction Workers (Regulation of Employment and Condition of Service) Rules, 2007,
- (ii) The Contract Labour (Regulation and Abolition) Central Rules, 1971,
- (iii) The Inter-State Migrant Workmen (Regulation of Employment and Conditions of Service) Assam Rules, 1981,
- (iv) The Plantation Labour Assam Rules, 1956,
- (v) The Motor Transport Workers Assam Rules, 1965,
- (vi) The Beedi & Cigar Workers (Conditions of Employment) Assam Rules, 1968,
- (vii) The Assam Factories Rules, 1950,
- (viii) The Assam Factories (Safety Officers) Rules, 1980 are hereby repealed:
- Provided that, the said repeal shall not affect,-
- (a) the previous operation of the said rules or anything duly done or suffered there under, or
 - (b) affect any right, liability or obligation acquired, accrued or incurred under the said rules.

FORM-I**[See rules 3 (1) and 3(3)]****Application for Registration for existing establishments/New Establishment/
Amendment to Certificate of Registration****A. Establishment Details:**

1. Retrieve details of Establishment through LIN/registration No. :
2. Name of Establishment:
3. Location and Address of the Establishment:
4. Others details of Establishment—
 - a. Total number of employees engaged directly in the establishment:

Male :	Female :
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 - b. Total number of the contract employees engaged :

Male :	Female :
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 - c. Total number of Inter-State Migrant workers employed :

Male :	Female :
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5 (a) For Factories :

1. Details of Occupier		
(a)Name:		
(b)Address(office):		
(c)Address (residential):		
(d)Contact number, if any:		
2. Details of Factory		
(a)Full name:		
(b)Address with pincode:		
(c)District:		
(d)Town or village:		
(e)Nearest Railway Station:		
(f)Nearest Police Station:		
(g)Phone number, if any:		
3.Particulars of plant to be installed and Manufacturing Process		
4. Maximum number of workers	Male	Female
(To be employed)		
5. Details of-		
a. Raw materials		
b. Intermediate Product/by Product		
c. Final Product		

6. Use of Chemicals in the manufacturing process, if any			
Sl. No.	Trade Name:	Chemical Name:	Maximum storage at anytime:

7. NOTE:

- a. In case of any change in the above information, Department shall be informed in writing within 30 days.
- b. Seal bearing "authorized signatory" shall not be used on any document

Place: _____

Date: _____

Signature of occupier with seal: _____

(Name) _____

CHECKLIST

NOTE: This application shall be accompanied by the following documents:-

1. A flow chart of the manufacturing process supplemented by a brief description of the process in its various stage.
2. Plans, in triplicate, drawn to scale showing:
 - (i) The site of the factory and immediate surroundings including adjacent buildings and other structures, roads, drains, etc and
 - (ii) The Plan elevation and necessary cross-section of various buildings indicating all relevant details relating to natural lighting, ventilation and means of escape in case of fire .The plans shall also clearly indicate the position of plant and machinery, aisles and passage ways.
3. Photo ID and address proof of the occupier.
4. Such other particulars as the Chief Inspector-cum-facilitator may require.

5 (b) For building and other construction work :

Type of construction work	Probable period of commencement of work	Expected period for completion of work	Details of approval of the local authority
1	2	3	4

5 (c) For Motor Transport Undertaking :

Name of Motor Transport Undertaking	Type of Transport(Freight/passenger services)	Maximum number of vehicle	Maximum number of workers engaged	
			Permanent	Contract
1	2	3	4	5

5 (d) For Plantation:

Type of Plantation (Tea, Rubber, Coffee or Other)	Total available land area in Hectare	No of workers engaged – (Total of Permanent, temporary and casual) Male/ Female
1	2	3

5 (e) For Beedi and Cigar :

Details of the manufacturing process	Full postal address and situation of the industry along with plan approval details	Name and address of the occupier and manager	Maximum number of workers to be employed on any day
1	2	3	4

6. Ownership Type/Sector :**7. Activity as per National Industrial Classification :****8. Details of Selected NIC Code :****9. Identification of the establishment e-sign/digital sign of employer/representative :****B. Details of Employer :**

1. Name and Address of Employer/Occupier/Owner/Agent/Chief Executive etc. :

2. Designation :

3. Father's/husband's name of the employer :

4. Email Address, Telephone and Mobile No. :

C. Manager/Agent Details :

1. Full name and Address of Manager/Agent or person responsible for supervision and control of the Establishment :

2. Address of Manager/Agent :

3. Email Address, Telephone and Mobile No. :

D. Contractor Details :

Name and Address of Contractor	Email address, PAN No. & Mobile No. of Contractor	Name of Work	Maximum No. of contract labour engaged	Date of commencement/ probable date of completion of Work
1	2	3	4	5

E. Others Details :

Signature/E-sign/digital sign of employer.

Dated : Place : -----

FORM-II**[See rule 4(1)]****A. Notice of Commencement/Cessation of Establishment :****1. Registration No. :****2. Name and Address of Establishment :****3. Name and Designation of employer (who has ultimate control over the affairs of the establishment) :****4. Full address to which communication relating to the establishment to be sent :****5. Nature of work of the establishment :****6. In case of the notice is for commencement of work the approximate duration of work :****In case of cessation, the date of cessation :**

I/we hereby intimate that the work of establishment having Registration No..... dated..... is likely to commence /cessation is likely to be completed with effect from (Date)/ on (Date).

In case of cessation of work :

I/we hereby certify that the payment of all dues to the workers employed in the establishment has been made and the premises are kept free from storage of hazardous chemicals and substances.

Signature of the Employer**To****The Inspector-cum-Facilitator**

FORM-III**[See rule 5]**

The medical examination shall be conducted by a qualified medical practitioner as per following proforma: A. Demographics:

Question	Answer	Remarks
Date		
Name of the Worker:		
Permanent Address:		
Gender:		
Total Number of family Members:		
Total monthly family Income:		
Is the employee under ESI (Employees' State Insurance) Scheme? If yes, provide IP Number.	Yes/No	
Is the employee under any other health scheme apart from ESI-Scheme? (If yes, provide the name of the scheme)	Yes/No	

B. Occupational History

Question	Answer	Remarks
Present Designation:		
Work Profile:		
Duration of service in the present work profile:		
Working Hours per shift:		
Night Shift Per Week:		
Night Shift per Month:		

C. Brief Review of Medical History: Diagnosed previously or currently under treatment or Currently suffering from

Question	Answer (Yes/No)	Remarks
Anaemia		
Jaundice		
Asthma		
COPD		
History of Any other Lung Disease: (If Yes, Please Specify)		
Vertigo/Dizziness		
Diabetes Mellitus		
Hypertension		
Any Cancer (If Yes, Please Specify the Cancer)		
Chronic Low Back Pain		
Chronic Pain in hand or Elbow		
Hernia		
Hydrocele		
Varicose Vein		
Haemorrhoids		

History of amputation/fracture/dislocation injury during work (If Yes, please specify)		
Dermatitis (If Yes, specify Site)		
Hearing Impairment		
Visual Impairment		
Any Major Illness requiring hospitalization in last 1 year (If Yes, Name of the Disease)		
Occupational Injury in Last 1 year: if yes Specify the Location of injury and frequency		

D. Current Symptoms-Diseases Module

Question	Answer (Yes/No)	Remarks
Smoking habit		
Chewing Tobacco or Pan Masala or Gutkha:		
Alcohol Addiction		
Dermatosis (Irritant Contact Dermatitis/ Eczema/Chloracne/ Allergic Contact Dermatitis):		
Mucosal Irritation of eyes/Nose/Throat with response to chemical agent or biological agent:		
Symptoms like Respiratory Difficulty/ Chest Tightness/ Dry Cough at beginning of shift:		
Currently suffering from TB:		
Jaundice or Hepatitis:		
Currently suffering from Low Back Pain		
Currently suffering from Pain in hand or Elbow:		
Currently suffering from Visual Problems		
Currently suffering from Hearing Problems		
Any current injury (amputation/ fracture/ dislocation)		
Any current musculoskeletal sprains/ strains		

E. Physical Examination

Date of Examination:

Question	Answer (Yes/No) or as appropriate	Remarks
General Skin Condition: (If Any Dermatitis, please mention its location)		
Weight (in Kg):		
Height (in Meter)		
Temperature (°F):		
BP:		
Pulse:		
SpO2:		
Respiratory Rate:		
Examination of Breast of female-employee		

F. Investigation Report**? Routine Blood Investigation: Attach the photocopy of the report****•Blood Grouping & Rh Typing and HB Electrophoresis Once in a lifetime**

Parameter	Answer (Normal/ Increase/ Decrease)	Value
Hb%:		
Total WBC Count and Differential Count:		
Platelet Count:		
ESR:		
FBS:		
PPBS:		
HBA1C level		
BUN:		
Creatinine:		
Total Protein		
Albumin		
Globulin		
SGOT		
SGPT		
Bilirubin		
Urine RE		
Urine ME		
Prostate Specific Antigen (PSA)		

G. Standard Chest X Ray (PA) View: attach the photocopy of the report**Date:**

Parameter	Answer (Normal/Abnormal)	Value (if any importance)
Report		

Report

H. Eye Examination: attach the photocopy of the report**Date:**

Parameter	Value/Result/Interpretation
Visual inspection of Eye for any abnormality like corneal opacity/scaring, cataract etc.	
Visual Acuity: Right	
Visual Acuity: Left	
Colour Vision	
Field of Vision	
Binocularity	
Lateral Phoria	
Vertical Phoria	
Stereoscopic Vision and Depth Perception Testing	
Fundus (Retina) examination	

I. 12 lead ECG and Echocardiography:

Final Report:

J. MEDICAL FITNESS TESTS FOR PERSONS WORKING AT HEIGHT (as may be applicable):

1. Detailed Medical History and in-Depth General Medical Examination including tests for Vision, Hearing, Musculoskeletal System, Respiratory System, Cardiovascular System etc.

As applicable to all employees

2. Special Examination

a) Cardiovascular

Uncontrolled hypertension or ischemic heart disease will be a contraindication. In the presence of hypertension and abnormal ECG findings, the employee should be referred to a Cardiologist for fitness. b) Tests for Labyrinthine functions and for sense of position Eye Examination for Bilateral Nystagmus, Romberg sign. The presence of bilateral nystagmus and a positive Romberg sign will be an absolute contra-indication.

c) Neurological examination Evaluate seizure disorders: CT Scan of Brain and E.E.G if indicated

d) Assessment of Diabetic Control Status: (in case of employees suffering from Diabetes Mellitus)

e) Assessment of Phobia (Acrophobia) and any other Mental Health Disorder like Anxiety or Depression d) Evaluation for Vertigo and Dizziness

For use of Industrial Safety Section:

Walking freely over a horizontal bar at 1 ft. height: PASS / FAIL

Wearing a safety belt and tying the rope knot: PASS/ FAIL

Walking over a horizontal structure at 9 ft. height wearing a belt: PASS/ FAIL

General physique (O.K./NOT O.K): PASS/ FAIL M.

K. Any other information/examination/biological investigation/test as mutually agreed by the employer and qualified medical practitioner.

FORM - IV**[See rule 6(1)]**

- (i) Name of the Establishment:**
- (ii) Name of employee:**
- (iii) Father's name/Mother's Name**
- (iv) Aadhar number:**
- (v) Labour Identification Number (LIN) of the establishment:**
- (vi) Insurance Number(ESIC):**
- (vii) Designation:**
- (viii) Nature of Work.....**
(hazardous/Nonhazardous/Clerical/Supervisory/Managerial)
- (ix) Category of skill:**
- (x) Date of joining:**
- (xi) Wages, Basic Pay & Dearness Allowance:**
- (xii) Other allowance including accommodation whichever is/are applicable (specify item wise):**
- (xiii) Avenue for achieving higher wages/higher position:**
- (xiv) Applicability of social security EPFO and ESIC benefits applicable:**
- (xv) Health check-up:**
- (xvi) Broad Nature of duties to be performed:**
- (xvii) Any other information:**

Signature**Occupier/employer/owner/agent/manager**

FORM-V**[See rules 7(1), 7(2) and 7(3)]****NOTICE OF ACCIDENT OR DANGEROUS OCCURRENCE**

E.S.I.C. Employer's Code number : E.S.I.C. Insurance Number of the injured person :

1. Name of employer :
2. Address of works / premises where the accident or dangerous occurrence took place :
3. Nature of industry and LIN of the establishment :
4. Branch or department and exact place where the accident or dangerous occurrence took place :
5. Name and address of the injured person :
6. (a) Sex :
(b) Age (at the last birthday) :
(c) Occupation of the injured person :
7. Local E.S.I.C. Office to which the injured person is attached :
8. Date, shift and hour of accident or dangerous occurrence :
9. (a) Hour at which the injured person started work on the day of accident or dangerous occurrence :
(b) whether wages in full or part are payable to him for the day of the accident or dangerous occurrence: 10. (a) Cause or nature of accident or dangerous occurrence :
(b) If caused by machinery-
(i) Give the name of machine and the part causing the accident or dangerous occurrence
(ii) state whether it was moved by mechanical power at the time of accident or dangerous occurrence :
(c) State exactly what the injured person was doing at the time of accident or dangerous occurrence :
(d) In your opinion, was the injured person at the time of accident or dangerous occurrence –
(i) acting in contravention of provisions of any law applicable to him; or
(ii) acting in contravention of any orders given by or on behalf of his employer; or
(iii) acting without instructions from his employer?
(e) In case reply to (d) (i), (ii) or (iii) is in the affirmative , state whether the act was done for the purpose of and in connection with the employer's trade or business. :
11. In case the accident or dangerous occurrence took place while travelling in the employer's transport, state whether –
(a) the injured person was travelling as a passenger to or from his place of works; ;
(b) the injured person was travelling with the express or implied permission of his employer; ;
(c) the transport is being operated by or on behalf of the employer or some other person by whom it is provided in pursuance of arrangements made with the employer; and :
(d) the vehicle is being/not being operated in the ordinary course of public transport service : 12. In case the accident or dangerous occurrence took place while meeting emergency, state-
(a) its nature ; and

(b) whether the injured person at the time of accident or dangerous occurrence was employed for the purpose of his employer's trade or business in or about the premises at which the accident or dangerous occurrence took place. :

13. Describe briefly how the accident or dangerous occurrence took place :

14. Names and addresses of witnesses : (1)

(2)

15. (a) Nature and extent of injury (e.g. fatal, loss of finger, fracture of leg, scald, scratch followed by sepsis, etc.) :

(b) Location of injury (e.g. right leg, left hand, left eye, etc.)

16. (a) If the accident or dangerous occurrence was not fatal, state whether the injured person was disabled for more than 48 hours :

(b) date and hour of return of work :

17. (a) Physician, dispensary or hospital from whom or which the injured person received or is receiving treatment :

(b) Name of dispensary/panel doctor elected by the injured person :

18. (a) Has the injured person died ? :

(b) If so, date of death :

I certify that to the best of my knowledge and belief the above particulars are correct in every respect.

Signature and Name and Designation of owner/ employer /manager/agent

Date of dispatch of report :

Place:

FORM – VI
[See rule 8(1)]

NOTICE OF DISEASE

(1) Name of establishment:

(2) Nature of establishment:

(3) Details of Patient -

(a) Name of Patient:-

(b) Works number of Patient:-

(c) Address of Patient:-

(d) Precise occupation of Patient:-

(3) Nature of disease from which patient is suffering:-

(4) Date of Detection of Disease:-

(5) Details of Medical Practitioner:-

(6) Has the case been reported to the Medical Officer:-

Date:

Signature of Employer or Occupier or Manager.

[illegible]

FORM-VIII**[See rule 19(1)]**

**REGISTER OF WORKERS EMPLOYED IN AN ESTABLISHMENT, WAGES, OVERTIME,
FINE, DEDUCTION FOR DAMAGE OR LOSS**

Register of Wages, Overtime, Fine, Deduction for damage and loss :**Name of the Establishment :
the Employer :****Name of****Name of the Owner :
of the Employer :****PAN/TAN****Labour Identification Number (LIN/Registration No.) :**

Sr. No. in Emple yee Register	Name of the emply yee	Designa tion / Depart ment	Duration of Payment of Wages (Monthly/Fort nightly /Weekly/Daily /Piece rated)	Wage Period From To	Total no. of days worked during the Period	Total overtime (hours worked or product ion in case of piece workers)	Rates of wages		
							Basic	D A	Allowan ces
1	2	3	4	5	6	7	8	9	10

Overtime earning	Nature of acts and omissions for which fine imposed with date	Amount of fine imposed	Damage or loss caused to the employer by neglect or default of the employee	Amount of deduction from wages	Total amount of wages paid	Date of Payment		
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FORM – IX
[See rule 19(2)]

REGISTER OF ACCIDENTS AND DANGEROUS

OCCURRENCES

Name of Injured person (if any)	Date of Accident or dangerous occurrence	Date of report to Inspector cum-Facilitator	Nature of accident or dangerous occurrence	Date of return of injured Person to work	Number of days the injured Person was absent from work
1	2	3	4	5	6

REGISTER FOR LEAVE WITH WAGES

FORM XI
[See rule 21]

ANNUAL RETURN
UNIFIED ANNUAL RETURN FORM

FOR THE YEAR ENDING.....

Single Integrated Return to be filed Online under the Occupational Safety, Health and Working Conditions Code, 2020, the Code on Industrial Relations, 2020, the Code on Social Security, 2020, and the Code on Wages, 2020

Instructions to fill up the Annual Return

- (6) This return is to be filled-up and furnished on or before 28th or 29th February every year.
- (7) The return has two parts i. e. Part-I to be filled-up by all establishments.
- (8) The terms Establishment shall have the same meaning as under the Occupational Safety, Health and Working Conditions Code, 2020.
- (9) This return is to be filled-up in case of contractor or manpower supplier who have engaged more than 50 workers employed in the relevant period.

Applicable to All Establishments —

ii. General Information :

Sl. No.			Instructions for filling the column
1	Labour Identification Number		EPFO, ESIC, MCA, MoLE (LIN)
2	Period of the Return	From - To-	Period should be calendar year
3	Name of the Establishment		
4	Email ID		
5	Telephone No		
6	Mobile number		
7	Premise name		
8	Sub-locality		
9	District		
10	State		
11	Pin code		
12	Geo Co-ordinates		

D. Details of contractors engaged in the Establishment:

Sl.No.	Name with LIN of the contractor	No. of Contract Labour Engaged

E. Details of various Health and Welfare Amenities provided.

Sl. No	Nature of various welfare amenities provided	Statutory (specify the statute)	Instructions for filling
1	Whether facility of Canteen provided (as per section 24(v) of OSH Code, 2020)	Tick yes or no in the box	Applicable to all establishments where in hundred or more worker including contract labour were ordinarily employed
2	Crèches (as per section 67 of Code on Social Security Code, 2020 and Section 24 of the OSH Code 2020)	Tick yes or no in the box	Applicable to all establishments where fifty or more workers are employed
3	Ambulance Room (as per section 24(2)(i) of OSH Code, 2020)	Tick yes or no in the box	Applicable to mine, building and other construction work wherein more than five hundred workers are ordinarily employed
4	Safety Committee (as per Section 22(1) of OSH Code, 2020.	Tick yes or no in the box	Applicable to establishments BoCW employing 250 workers or more, and mines employing 100 or more workers.
5	Safety Officer (as per section 22(2) of OSH Code, 2020)	No. of safety officers appointed	In case of BoCW 250 or more workers are ordinarily employed.
6	Qualified Medical Practitioner (as per Section 12 (2) of OSH Code 2020.	No. of Qualified Medical Practitioner appointed.	There is no specification for minimum number of Qualified Medical Practitioner employed in establishment. However, this detail is required to have data on occupational health.

F. The Industrial Relations: Instructions for filling

F. The Industrial Relations: Instructions for filling			Instructions for filling
1	Is the Works Committee has been functioning. (section 3 of IR Code, 2020)	Yes/No	Industrial establishment in which 100 or more workers are employed

(a)	Date of its constitution.					
2	Whether the Grievance Redressal Committee constituted (section 4 of IR Code, 2020)				Yes/No	Industrial establishment employing 20 or more workers are employed
3	Number of Unions in the establishments.					
4	Whether any negotiation union exist (Section 14 of IR Code, 2020)				Yes/No	
5	Whether any negotiating council is constituted (Section 14 of IR Code, 2020)				Yes/No	
6	Number of workers discharged, dismissed, retrenched or whose services were terminated during the year:					
	Discharged	Dismissed	Retrenched	Terminated or Removed	Grand Total	
7	Man-days lost during the year on account of					
Sl. No.	Reasons	Period / Date	No. of mandays lost	Loss in term of money		
(a)	Strike					
(b)	Lockout					
8. Details of retrenchment / lay off						
Sl. No.	No. of persons retrenched during the period	Details of payment paid to retrenched employees	No. of workers laid off during the period	No. of man-days lost due to lay-off		

G. Details pertaining to maternity benefit:

No. of female employees	No. of female employees availed maternity leave	No. of female employees paid medical bonus	No. of deduction of wages, if any made from female employees

H. Details of payment of bonus:				
Sl. No.	No. of employees covered under the Bonus provision	Total amount of bonus actually paid	Date on which the Bonus paid	
I. Details of accidents, dangerous occurrence and notifiable diseases:				
Sl. No	Total number of accidents by which a person injured is prevented from working for a period of 48 hours or more as per Section 10 of the OSH Code, 2020.	Total number of fatal accidents and names of the deceased as per Section 10 of the OSH Code, 2020.	Total number of Dangerous Occurrences as defined under Section 11 of the OSH Code, 2020	Total number of cases of Notifiable Diseases specified in Third Schedule of the OSH Code, 2020 along with the details of affected persons
J. Mandays and Production Lost due to accidents / dangerous occurrence				
Sl. No.	Accident/Dangerous Occurrence	Mandays lost	Production Lost	

FORM XII
[See rule 24(1)]

IMPROVEMENT NOTICE AND PROHIBITION ORDER

PART I PROHIBITION ORDER

Inspector-cum-facilitators Notice on Inspection of Establishment, Lifting Appliance, Loose Gears and other such gears, Equipment, Ladders and Staging. Inspector-cum-Facilitator's notice to the occupier, employer, owner, master, Officer-in-charge, Owner of lifting appliances, loose gears and lifting devices or the person, scaffold who, by himself, his agents, or his employers as the case may be.

Name of the establishment, lifting appliance, lifting device, transport equipment, ladders and staging	Where situated lying/used/location	Registration no. of the establishment	LIN No. of the establishment
1	2	3	4

An inspection of the above named establishment, lifting appliances, loose gears, lifting devices, transport equipment, ladders and staging was made on _____

The activities connected with establishment which are being carried on by you/about to be carried on by you/under your control involve a risk or danger to the life. Safety and health of employee and involve the following contraventions :

CONTRAVENTIONS Therefore. I hereby direct that the said activities shall not be carried on by you or under your control unless the said contraventions and matters mentioned have been remedied to the satisfaction of the Inspector-cum-Facilitator. This order is being issued without prejudice or any legal action which may be taken for these contraventions. On hearing from you that the requirements have been complied with the establishment, lifting appliance, loose gear or similar gear/transport equipment/ladders/ staging, scaffold shall again be visited with a view to the inspection being completed.

No. _____

Dated at _____ this _____ day of 20 _____ Inspector-cum-Facilitator under the Occupational Safety, Health and Working Conditions Code, 2020

REQUIREMENTS

On compliance with all or any of the above contraventions, the Inspector-cum-Facilitator shall be informed in the manner prescribed overleaf, of the date and place at which the establishment, lifting appliance, loose gears or similar gear transport equipment, ladders and staging, scaffold can be re-inspected.

Sir,

The contravention notified by you have been effectively attended to. The establishment, lifting appliance, loose gears or similar gear, transport equipment, ladders and staging, scaffold shall be ready for inspection on the date and place named below:

Date of Inspection	Place
Dated at _____ this day of _____ 20_____	Employer, Occupier, Owner, Manager, Master, Officer in-charge or Agents, owner of machinery and gear or the person, who by himself, his agents or his employers, carried on the establishment.

To

The Inspector-cum-Facilitator under the Occupational Safety, Health and Working Conditions Code, 2020

PART - II

Improvement Notice

Inspector-cum-Facilitators notice to the employer, Owner, Master, Manager, Officer-in-Charge or Agents, Owner of lifting appliances, loose gears lifting devices, scaffold or the person, who, by himself, his agents or his employers, carries on the establishment, as the case may be.....

Name of the establishment, lifting appliances, loose gear, lifting device, transport, equipment, ladders and stagings, scaffold;	Where situated/lying used/location	Port of Registry	Official no.(if any) of the ship

An inspection of the above-named establishment, dock, ship, lifting appliances, loose gears, lifting devices, transport equipment, ladders and stagings, scaffold was made on

The following contraventions were observed. You are required to remedy the said contraventions and send the compliance report in writing within..... days.

This notice is being issued without prejudice to any legal action which may be taken for these contraventions on hearing from you that the requirements have been complied with the establishment, lifting appliance/loose gear or similar other gear/transport equipment/ladders/ staging, scaffold will again be visited with a view to the inspection being completed.

Contraventions No. _____ Dated _____ this _____ day of _____
20____ Inspector-cum-Facilitator under the Occupational Safety, Health and Working
Conditions Code, 2020

Requirements.

On compliance with all or any of the requirements, the Inspector-cum-Facilitator should be informed in the manner prescribed overleaf of the date and place at which the establishment, lifting appliance, loose gear, transport equipment, ladders and staging, scaffold can be re-inspected. The requirements noted by you have been effectively fulfilled. The establishment, lifting appliance, loose gear, lifting devices, transport equipment, ladders and staging, scaffold will be ready for inspection on the date and place named below:

Date of Inspection	Place
Dated at _____ this day of _____ 20____	Employer, occupier, Owner, Master, Manager, Officer-in-charge or Agents, owner of machinery and gear or the person, who, by himself, his agents or his employers, carried on the establishment.

To The Inspector-cum-Facilitator under the Occupation Safety, Health and Working Conditions Code, 2020.

FORM XIII**[See rules 32(1), 53(5)(i), 53(7)(3), 53(8)(i), 53(9) and 83(1)(ii),(iii)]****APPLICATION FOR LICENSE****Online Application for License/Renewal of License/Amendment of License (including Common/Single License)****Department of Labour Welfare, Government of Assam****ESTABLISHMENT PROFILE:**

Labour Identification Number/Licence No.

Date:

Acknowledgement Number: Date of Application:

I. Particulars of Establishment for which license required:

1. Name of Establishment:
2. Address of establishment:
 - (a) Head Office address along with email Id:
 - (b) Corporate office address along with email Id:
3. Telephone Number:
4. Activity as per National Industrial Classification: (Select all applicable activities given)
5. Details of selected NIC Code:
6. Nature of work carried on in main establishment:
7. Identifier of the Establishment: (Select): esign/digital sign

II. Details of Employer:

1. Full Name of Employer:relationship with establishment
2. Full Address of Employer:
3. . Email Id of employer:
4. Mobile No. of employer:

III. Particulars of the Contract Labour to be employed / is employed (If license is required work wise)

Locations of worksites	Name of works	Activity as per national industrial classification	Date of commencement	Date of completion	Name of Establishments in which contract labour is/proposed to be employed	Name Address, email id of the Site Incharge
1	2	3	4	5	6	7

5. Maximum number of workmen proposed to be employed on the Establishment on any date:
6. Amount of License Fee: INR (Transaction Id :)
7. Amount of Security Deposit: INR (Transaction Id :)

IV. DETAILS OF ESTABLISHMENTS FOR WHICH COMMON LICENCE REQUIRED, (IF APPLYING FOR)

Type of Establishments	Name & Address of establishment	(i) Nature of work carried out in the establishment (ii) Activity as per National Ind'l classification	Date of commencement	Permanent establishment or probable date of completion	Maximum number of employees employed/proposed to be employed	Registration number, if obtained and the details thereof
1	2	3	4	5	6	7

V. DETAILS OF ESTABLISHMENTS FOR WHICH SINGLE LICENCE IS REQUIRED (IF APPLYING FOR)

Name of States in which the establishments are situated	Name of each work	Maximum number of labour will be/is employed	Date of commencement	Permanent establishment or probable date of completion	Maximum number of employees employed/proposed to be employed	Registration number, if obtained, and the details thereof
1	2	3	4	5	6	7

Signature of Contractor
(eSign/DSC)

VI. DETAILS OF ESTABLISHMENTS THAT ARE FACTORIES FOR GRANT OF LICENSE**18 Period of License:**

1.	YEAR(s) for which license is applied for	From	To
----	--	------	----

19 General Information

2a	Full name of the factory	
2b	Factory Registration number (if already registered)	

20 Address and contact information:

3a.	Full postal address along with pin code and telephone Number of the Factory	
3b.	Full postal address along with pin code for communications (if differ from above)	

21 Nature of manufacturing processes:

4a.	Date of start of production (for registration)	
4b.	Manufacturing process carried on in the factory in the last twelve months	
4c.	Manufacturing process to be carried On in the factory during the next twelve months	
4d.	Details of product(s) manufactured during the last twelve months	

22 Workers employed:

5a	Maximum number of workers proposed to be employed During the year	Male	Female	Total
5b	Maximum number of workers Employed during the last twelve months on any day			
5c	Number of worker ordinarily employed in the factory			

23 Power installed:

6a	Total rated horsepower (installed or to be installed)	
6b	Maximum amount of Power (H.P.) proposed to be used	

24 Particulars of Factory Manager:

7	Name and address of the person who shall be the Factory Manager(if appointed)of the factory for the purposes of the Act	Name
		Residential Address
		Contact No.

25 Particulars of Occupier:

8a.	Name and address of the occupier (in case of a private firm.) Attach list of partners with complete details, (in Case of partnership firm)	Name
		Residential Address
		Contact No. (if any)
8b.	Name and address of the Director (In case of a private/public limited company.)(attach list of director with details)	Name
		Residential Address
		Contact No. (if any)

8c.	Full name and residential address of the Managing Agent in case where a managing agent is appointed by the Government/ State Government/Local authority as Occupier	Name		
		Residential Address		
		Contact	No.	(if any)

26 Land and Building:

9a.	Full name and address of the owner of the premises or building (including the precincts Thereof)(referred to in section93 of the Act)	Name	
		Residential Address	
		Contact	No. (if any)
9b.	Reference number and date of approval of the plans for site, whether for old or new building and for construction or extension of factory by the State Government/ Chief Inspector		

27 Disposal of wastes and effluents:

10.	Reference number and date of approval of the arrangements, if any made for disposal of trade waste and effluents and the name of the authority granting such approval.
------------	--

28 Fees Details:

11.	Total amount of Fees Paid	Rs	
11a.	In case of payment in treasury (Original Challan to be enclosed)	Name of Bank And Branch	
		Challan Number	
		Date	
11c.	In case of online payment,		

a. In case of any change in the above information, Department shall be informed in writing within 30 days.

8 Seal bearing "authorized signatory" shall not be used on any document.**Place:**_____**Date:**_____**Signature of Factory Manager with Seal:**

_____(Name)

Signature of Occupier with Seal:

_____(Name)

VERIFICATION

I the above named Occupier do hereby further solemnly affirm that the contents given above are true to the best of my knowledge.

Place:_____**Date:**_____**Signature of Occupier.....**

CHECKLIST

NOTE: This application shall be accompanied by the following documents: -

- (3) Information should be entered in block letters.
- (4) If power proposed is not used at the time of filling up this form, but is introduced later, the fact should be communicated to the Chief Inspector of Factories immediately.
- (5) If any of the persons named against items 7 (a) and 7 (b) is minor, the fact should be clearly stated alongwith documents.
- (6) List of documents to be enclosed:
 - i. Latest List of Partners/Latest list of Directors.
 - ii. In case of change of Directors submit Form No.32 of the Companies Act, 1956.
 - iii. Partnership deed/Memorandum of Articles of Association.
 - iv. Land ownership documents.
 - v. Rent deed/lease deed.
 - vi. Latest electricity bill for renewal.
 - vii. Photo ID and address proof of the Occupier and the Factory Manager.

APPLICATION FOR RENEWAL OF LICENCE:

1. License No. Date
 2. LIN & PAN
 3. Name and address of the establishment:
 4. Date of expiry of previous license :
 5. Whether the license of the employer/contractor was suspended or revoked:
 6. Details of Fees paid : (Enclose e-payment receipt): Amount date of payment:
- E-sign /digital sign of the employer/contractor date:**

DETAILS OF ESTABLISHMENTS THAT ARE FACTORIES FOR RENEWAL OF LICENSE**29 Period of License:**

1.	YEAR(s)for which license is applied for	From	To
----	---	------	----

30 General Information

2a	Full name of the factory	
2b	Factory Registration number (if already registered)	

31 Address and contact information:

3a.	Full postal address along with pin code and telephone Number of the Factory	
3b.	Full postal address along with pin code for communications (if differ from above)	

32 Nature of manufacturing processes:

4a.	Date of start of production (for registration)	
4b.	Manufacturing process carried on in the factory in the last twelve months	
4c.	Manufacturing process to be carried On in the factory during the next twelve months	
4d.	Details of product(s) manufactured during the last twelve months	

33 Workers employed:

5a	Maximum number of workers proposed to be employed During the year	Male	Female	Total
5b	Maximum number of workers Employed during the last twelve months on any day			
5c	Number of worker ordinarily employed in the factory			

34 Power installed:

6a	Total rated horsepower (installed or to be installed)	
6b	Maximum amount of Power (H.P.) proposed to be used	

35 Particulars of Factory Manager:

7	Name and address of the person who shall be the Factory Manager (if appointed) of the factory for the purposes of the Act	Name
		Residential Address
		Contact No.

36 Particulars of Occupier:

8a.	Name and address of the occupier (in case of a private firm.) Attach list of partners with complete details, (in Case of partnership firm)	Name
		Residential Address
		Contact No. (if any)
8b.	Name and address of the Director (In case of a private/public limited company.)(attach list of director with details)	Name
		Residential Address
		Contact No. (if any)
8c.	Full name and residential address of the Managing Agent in case where a managing agent is appointed by the Government/ State Government/ Local authority as Occupier	Name
		Residential Address
		Contact No. (if any)

37 Land and Building:

9a.	Full name and address of the owner of the premises or building (including the precincts Thereof)(referred to in section 93 of the Act)	Name
		Residential Address
		Contact No. (if any)
9b.	Reference number and date of approval of the plans for site, whether for old or new building and for construction or extension of factory by the State Government/ Chief Inspector	

38

Disposal of wastes and effluents:

10.	Reference number and date of approval of the arrangements, if any made for disposal of trade waste and effluents and the name of the authority granting such approval.
------------	--

39

Fees Details:

11.	Total amount of Fees Paid	Rs	
11a.	In case of payment in treasury (Original Challan to be enclosed)	Name of Bank And Branch	
		Challan Number	
		Date	
11c.	In case of on line payment,		

- i In case of any change in the above information, Departments shall be informed in writing within 30 days.
- ii Seal bearing "authorized signatory" shall not be used on any document.

Place: _____

Date: _____

Signature of Factory Manager with Seal:

(Name)

Signature of Occupier with Seal:

(Name)

VERIFICATION

I the above named Occupier do hereby further solemnly affirm that the contents given above are true to the best of my knowledge.

Place: _____

Date: _____

Signature of Occupier.....

CHECKLIST

NOTE: This application shall be accompanied by the following documents: -

- (7) Information should be entered in block letters.
- (8) If power proposed is not used at the time of filling up this form, but is introduced later, the fact should be communicated to the Chief Inspector of Factories immediately.
- (9) If any of the persons named against items 7 (a) and 7 (b) is minor, the fact should be clearly stated along with documents.
- (10) List of documents to be enclosed:
 - i. Latest List of Partners/Latest list of Directors.
 - ii. In case of change of Directors submit Form No.32 of the Companies Act, 1956.
 - iii. Partnership deed/Memorandum of Articles of Association.
 - iv. Land ownership documents.
 - v. Rent deed/lease deed.
 - vi. Latest electricity bill for renewal.
 - vii. Photo ID and address proof of the Occupier and the Factory Manager.

APPLICATION FOR AMENDMENT OF LICENCE:

1. License No. Date:
 2. LIN & PAN
 3. Name and address of the establishment:
 4. Details for which amendment is sought :
 - (a). Maximum number of worker presently employed : (If there is increase in the maximum number of workers to be employed, then additional fees/security deposit as per law needs to be deposited:
 - (b). Details of fees paid through e payment date on which made :
 - (c) Other details requiring amendment in the license issued (Necessary documents may be uploaded in support of change required)
- E-sign /digital sign of the employer/contractor Date of application:

DETAILS OF ESTABLISHMENTS THAT ARE FACTORIES FOR AMENDMENT OF LICENSE**40 Period of License:**

1.	YEAR(s) for which license is applied for	From	To
----	--	------	----

41 General Information

2a.	Full name of the factory	
2b.	Factory Registration number (if already registered)	

42 Address and contact information:

3a.	Full postal address along with pin code and telephone Number of the Factory	
3b.	Full postal address along with pin code for communications (if differ from above)	

43 Nature of manufacturing processes:

4a.	Date of start of production (for registration)
4b.	Manufacturing process carried on in the factory in the last twelve months
4c.	Manufacturing process to be carried On in the factory during the next twelve months
4d.	Details of product(s) manufactured

44 Workers employed:

5a	Maximum number of workers proposed to be employed During the year	Male	Female	Total
5b	Maximum number of workers Employed during the last twelve months on any day			
5c	Number of workers ordinarily employed in the factory			

45 Power installed:

6a	Total rated horsepower (installed or to be installed)	
6b	Maximum amount proposed to be used	

46 Particulars of Factory Manager:

7	Name and address of the person who shall be the Factory Manager (if appointed) of the factory for the purposes of the Act	
		Residential Address
		Contact No. (if any)

47 Particulars of Occupier:

8a.	Name and address of the occupier (in case of a private firm.) Attach list of partners with complete details. (in Case of partnership firm)	Name
		Residential Address
		Contact No. (if any)

8b.	Name and address of the Director (In case of a private/public limited company.)(attach list of director with details)	Name
		Residential Address
		Contact No. (if any)
8c.	Full name and residential address of the Managing Agent in case where a managing agent is appointed by the Government/ State Government/ Local authority as Occupier	Name
		Residential Address
		Contact No. (if any)

48 Land and Building:

9a.	Full name and address of the owner of the premises or building (including the precincts thereof)(referred to in section 93 of the Act)	Name
		Residential Address
		Contact No. (if any)
9b.	Reference number and date of approval of the plans for site, whether for old or new building and for construction or extension of factory by the State Government/ Chief Inspector	

49 Disposal of wastes and effluents:

10.	Reference number and date of approval of the arrangements, if any made for disposal of trade waste and effluents and the name of the authority granting such approval
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50 Fees Details:

11.	Total amount of Fees Paid	Rs	
11a.	In case of payment in treasury (Original Challan to be enclosed)	Name of Bank And Branch	
		Challan Number	
		Date	
11c.	In case of online payment,		

- 1 In case of any change in the above information, Departments shall be informed in writing within 30 days.
- 2 Seal bearing “authorized signatory” shall not be used on any document.

Place:_____

Date:_____

Signature of Factory Manager with Seal:

_____(Name)

Signature of Occupier with Seal:

_____(Name)

VERIFICATION

I the above named Occupier do hereby further solemnly affirm that the contents given above are true to the best of my knowledge.

Place:_____

Date:_____

Signature of Occupier.....

Signature of Occupier.....

CHECKLIST

NOTE : This application shall be accompanied by the following documents: -

- (11) Information should be entered in block letters.
- (12) If power proposed is not used at the time of filling up this form, but is introduced later, the fact should be communicated to the Chief Inspector of Factories immediately.
- (13) If any of the persons named against items 7 (a) and 7 (b) is minor, the fact should be clearly stated along with documents.
- (14) List of documents to be enclosed:
 - i. Latest List of Partners/Latest list of Directors.
 - ii. In case of change of Directors submit Form No.32 of the Companies Act, 1956.
 - iii. Partnership deed/Memorandum of Articles of Association
 - iv. Land ownership documents.
 - v. Rent deed/lease deed.
 - vi. Latest electricity bill for renewal.
 - vii. Photo ID and address proof of the Occupier and the Factory Manager.
 - viii. Latest electricity bill for renewal.
 - ix. Photo ID and address proof of the Occupier and the Factory Manager.

Form XIV-A**[See rules 32(2)]****Certificate by Principal employer**

Certified that I proposed/have engaged the applicant (Name of the Contractor) as a contractor in my establishment. I undertake to be bound by the all provisions of occupational safety health and working conditions code 2020 and Assam rules mad there under in so far as the provisions or applicable to me in respect of employment of contract labour by the applicant in my establishment.

Issue No. & Date .-

Place

Copy to- The Licensing Authority.

Signature of Principal employer Name and Address of Establishment

FORM XIV
[See rules 32(1) and 53(6)(i)]

PROFORMA OF LICENSE

Licence No. ----- Reg. No. ----- Date of Reg. -----
 Licence is hereby granted to ----- for the
 premises known as ----- situated at -----
 ----- for use as a establishment within the limits
 stated herein after, subject to provisions of the Occupational Safety, Health and Working
 Conditions Code, 2020, and the rules made there under.
 The ----- 20..... Issuing
 Authority

Sl.No.	Period of issue	Valid up to	Valid For Maximum number of workers on any one day	Valid for Maximum Motive power to be used (HP)	Fee	Date of Payment	Excess fee for late payment	Date of payment	Signature of the Issuing Authority
1	2	3	4	5	6	7	8	9	10

AMENDMENTS:

Year when Amended	Maximum number of Contract labour /workers on any one day	Date of payment of amendment fee	Date of Payment	Signature of the Issuing Authority

FORM – XV
[See rule 40]

EXPERIENCE CERTIFICATE OF CONTRACT EMPLOYEE

To whom so ever concerned

- (1) Name of contractor/employer*:
- (2) LIN/PAN No. of the contractor/employer *:
- (3) Email Id of the contractor /employer *:
- (4) Mobile No. of the contractor/employer *:
- (5) Nature and location of work:
- (6) Name of Principal Employer*:
- (7) LIN/PAN No. of the Principal Employer :*
- (8) Email Id of the Principal Employer : *
- (9) Mobile No. of the Principal Employer :*
- (10) Name of the worker*:
- (11) UAN / Aadhaar No.:
- (12) Mobile No. :
- (13) Serial Number in the Employee Register :
- (14) Registration number, date and name of the Board if the building and other construction worker is registered as a beneficiary:
- (15) Period of Employment:
- (16) Designation:

*Please strike off whichever is not applicable.

Seal and Signature of Contractor